

Memo. May 1, 1966
I. Rappaport, M.D.

Lecture of Surgeon General,
Dr. Wm. H. Stewart at the
Science Writers Seminar, 3/29/66.

This lecture is best described as characterized by fantastic figures. 1300 studies published since the Report of 27 months ago have confirmed its conclusion regarding the health hazard of cigarette smoking. 12 million more cases of chronic conditions than would prevail in the population normally are presumably attributable to cigarette smoking, as revealed by a study soon to be published by the U.S.P.H.S. The breakdown of this presumed enormous morbidity figure lists: 1 million excess cases of chronic bronchitis and emphysema, 2 million extra cases of sinusitis, 300,000 extra cases of coronary attacks. These figures are based on interviews in 42,000 households for one year. The results related to smoking habits of the correspondents were used to compute the would-be morbidity of the population 17 years old and older if everyone had the same prevalence of chronic condition as non-cigarette smokers. Cigarette smokers have 3 million excess days in inactivity and 900,000 excess days in bedridden illness due to smoking.

We are told that emphysema has become second only to heart diseases as a cause of disability. More than \$60,000,000 a year are paid by Social Security Adm. to men disabled from emphysema.

Billions of dollars are the estimated cost annually in lost services and earnings of people killed and disabled prematurely by cigarette smoking.

2015034797

The mounting evidence against cigarettes appears indisputable yet there are still skeptics and dissenters. The chief objection that the evidence is only statistical is wrong. The Advisory Committee's conclusions were based on the triple evidence of experimental, clinical and pathological data.

Dr. Stewart fully agrees with Dr. Terry's estimates of at least 125,000 premature deaths and probably even 30,000 deaths yearly in the United States due to cigarette smoking. On this basis, every 105 seconds someone dies prematurely because of cigarette smoking.

In the rest of this lecture Dr. Stewart discussed some of the misconceptions regarding the evidence against smoking and reviewed the organization of the National Interagency Council which is responsible for the antismoking action in this country. 85 such councils are now operating through the entire country acting along three important lines: research, legislation, education. He compared the budget of \$2,500,000 for the National Clearing House of the U.S.P.H.S. against the 250 million dollars spent by the tobacco industry on advertising cigarette products explaining the inadequate results so far.

Canceling out much of the impact of the large figures of mortality and morbidity the lecture of Dr. Stewart contains also the following statements.

On page 2 closely next to the list of the large figures he states, "We cannot say with certainty how much of this (extra morbidity) represents a cause and effect relationship subject to reduction by reducing cigarette smoking."

2015034798

On p. 7 he states, "with reference to other chronic respiratory diseases, both in the U.S. and elsewhere, it seems that both air pollution and smoking are implicated. They may well be additive factors in the sense that both contribute to the development of disease."

The lecture also contains some patently unwarranted (improved) statements. On p. 7 he states, "We also hear that medical opinion is divided over the evidence, suggesting there may be doubt about the findings. But there is no doubt about the findings among the vast majority of physicians in the United States." The fact is that there is no evidence whatsoever available as the majority of the medical profession has never expressed any opinion on this question.

On p. 2 he states, "The mounting evidence against cigarettes would appear to be indisputable. It would seem the Advisory Committee Report and the evidence since then would erase all doubt." In fact much justified doubt on the evidence listed in the Report was expressed in hearings before Congressional Committees and in numerous publications following it. Also much doubt has been expressed in numerous publications which have come out in recent and current literature on the subject (see my recent memo. on review of recent literature). Some of the objections are in fact discussed in this lecture of Dr. Stewart contradicting his own statement that the evidence against cigarettes is indisputable. There is indeed ample room for dispute over the same type of evidence brought forward constantly in the antismoking propaganda. It will take much more work (clinical and experimental study)

2015034799

over a long period of time (perhaps 25-30 yrs.) to resolve the problems involved in these disputes.

Dr. Stewart is certainly reckless with figures and he includes huge figures, millions of excess morbidity and disability, tens of millions of dollars spent by Social Security, billions of dollars in cost of lost services, premature deaths for someone every 105 seconds.

I suggest a biostatistician look into the computation by which these huge figures were arrived at. How did mortality and morbidity, found in 42,000 households, afford the basis for estimation of would-be excess chronic conditions in the population at large?

The identification of chronic bronchitis and/or emphysema from data obtained by interviews has been well appraised by Dr. G. Wright. The difficulties regarding the recognition of these chronic respiratory conditions are now in current literature better appreciated than before. It seems that Stewart and his group in the U.S.P.H.S. chose to ignore this fact. It is my prediction that in this respect their propaganda will not prevail; that soon the truth regarding emphysema will be out.

2015034800